



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Wilson	Cathy	M	954-993-2754
MAILING ADDRESS (Street)			FAX 786-594-4641
4999 Kahala Ave #148			EMAIL cwilson@ahcs.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Automated HealthCare Solutions			954-874-4613
MAILING ADDRESS (Street)			FAX
2901 SW 149th Ave #400			EMAIL
(City)	(State)	(Zip Code)	
Miramar	FL	33027	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jennifer Maurer			954.892.2497
MAILING ADDRESS (Street)			FAX 954.465.2257
2901 SW 149 Avenue, Suite 400			EMAIL jmaurer@ahcs.com
(City)	(State)	(Zip Code)	
Miramar	Florida	33027	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) _____ |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Cathy Wilson

(Signature of Lobbyist)

5/23/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Jennifer Maurer

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Govt Affairs Director

NAME OF ORGANIZATION (if applicable)

Automated HealthCare Solutions LLC

TELEPHONE

954.892.2497

MAILING ADDRESS (Street)

2901 SW 149 Ave., Suite 400

FAX

954.465.2257

EMAIL

jmaurer@ahcs.com

(City)

Miramar

(State)

Florida

(Zip Code)

33021

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Jennifer Maurer

(Signature of Authorizing Officer or Person Represented)

5/30/2013

(Date)